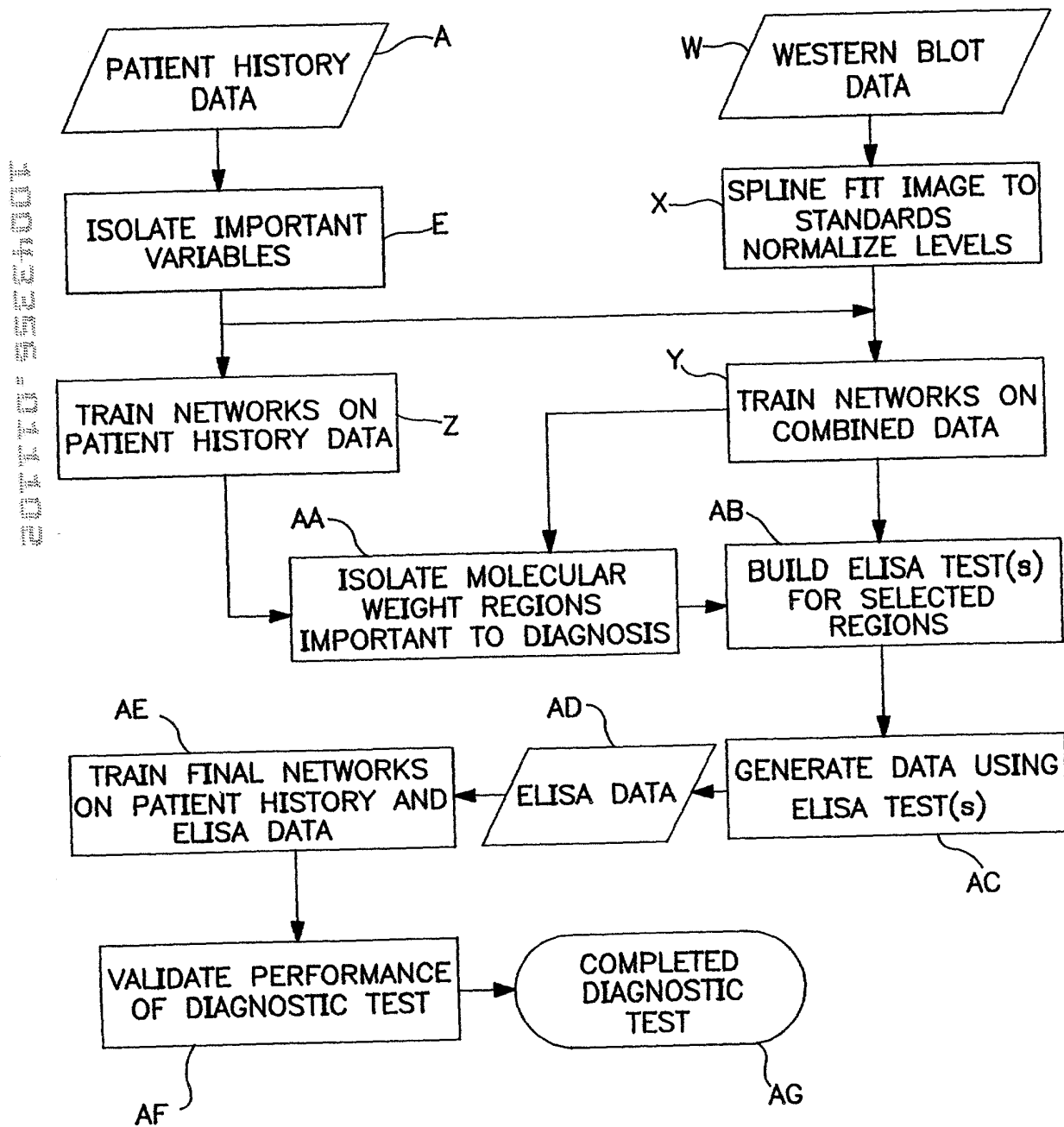
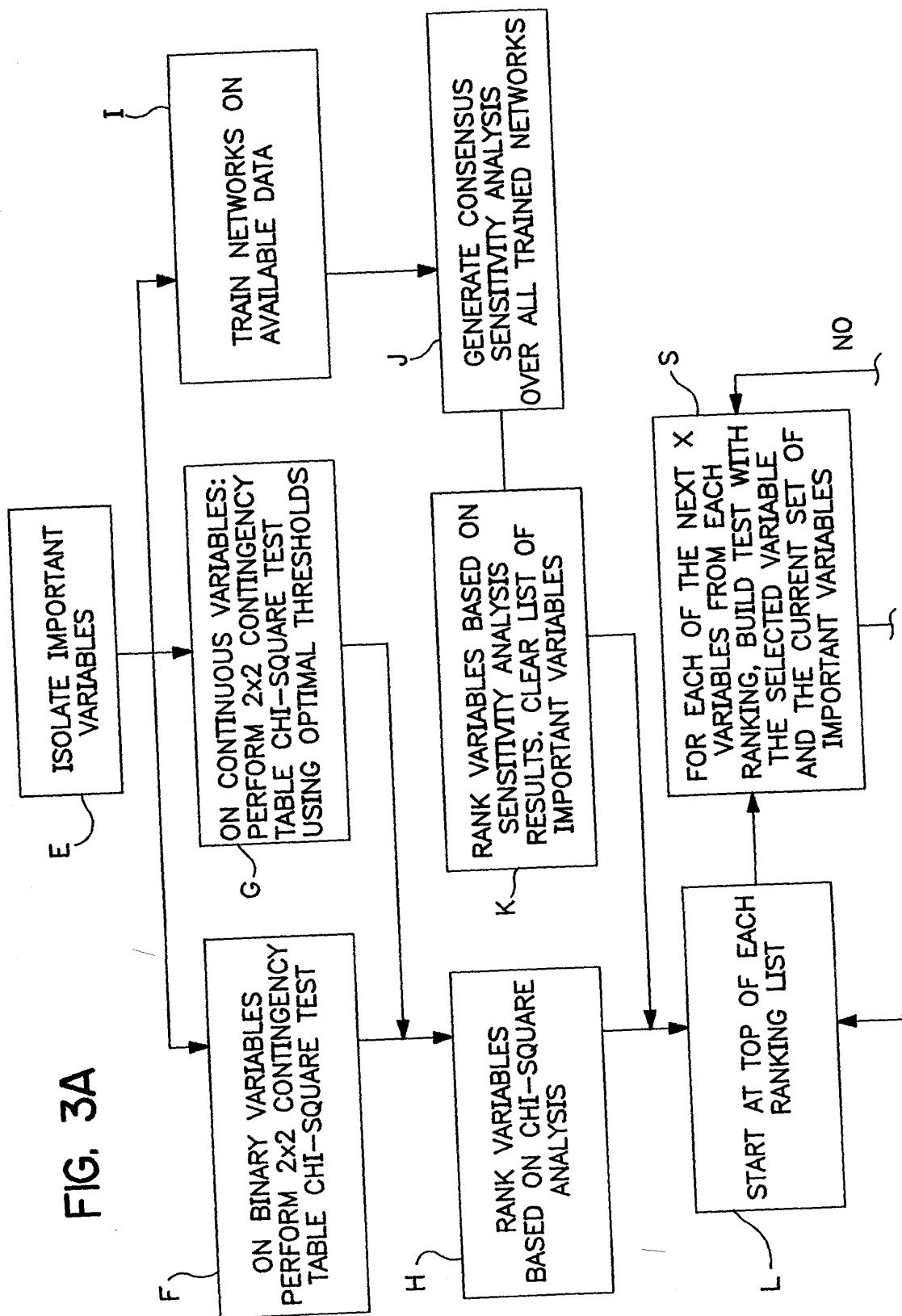


FIG. 1

FIG. 2





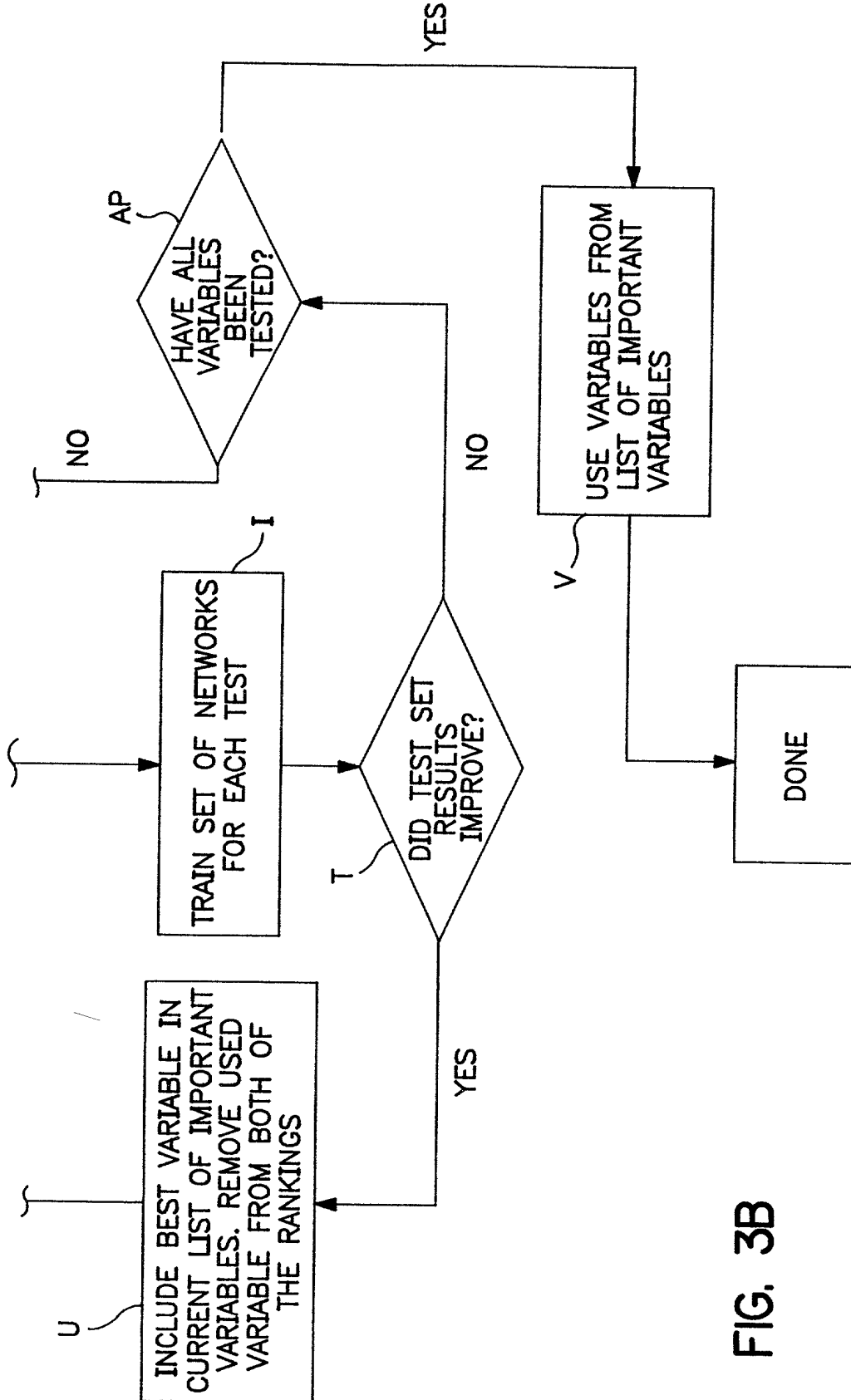


FIG. 3B

20110101-000000

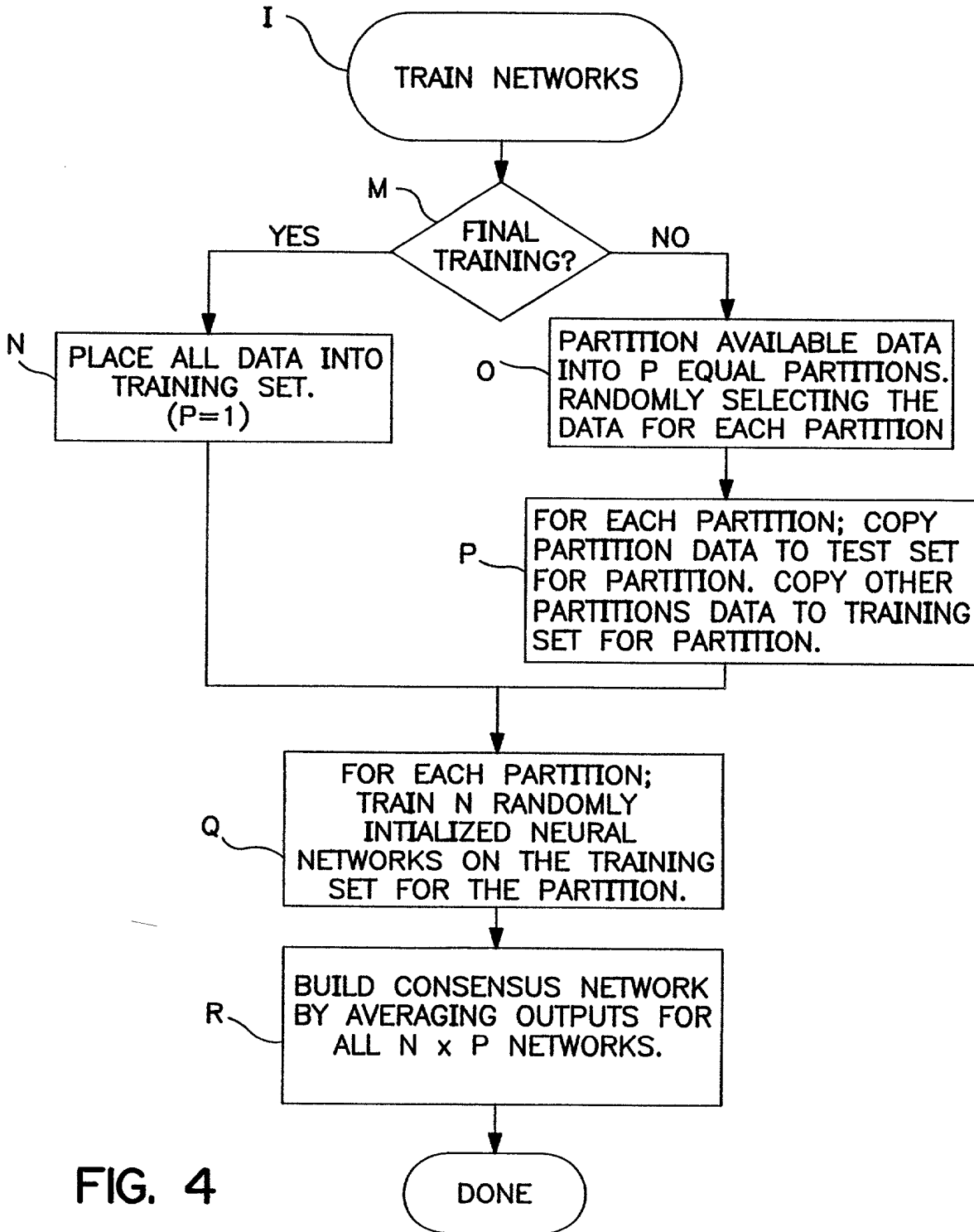


FIG. 4

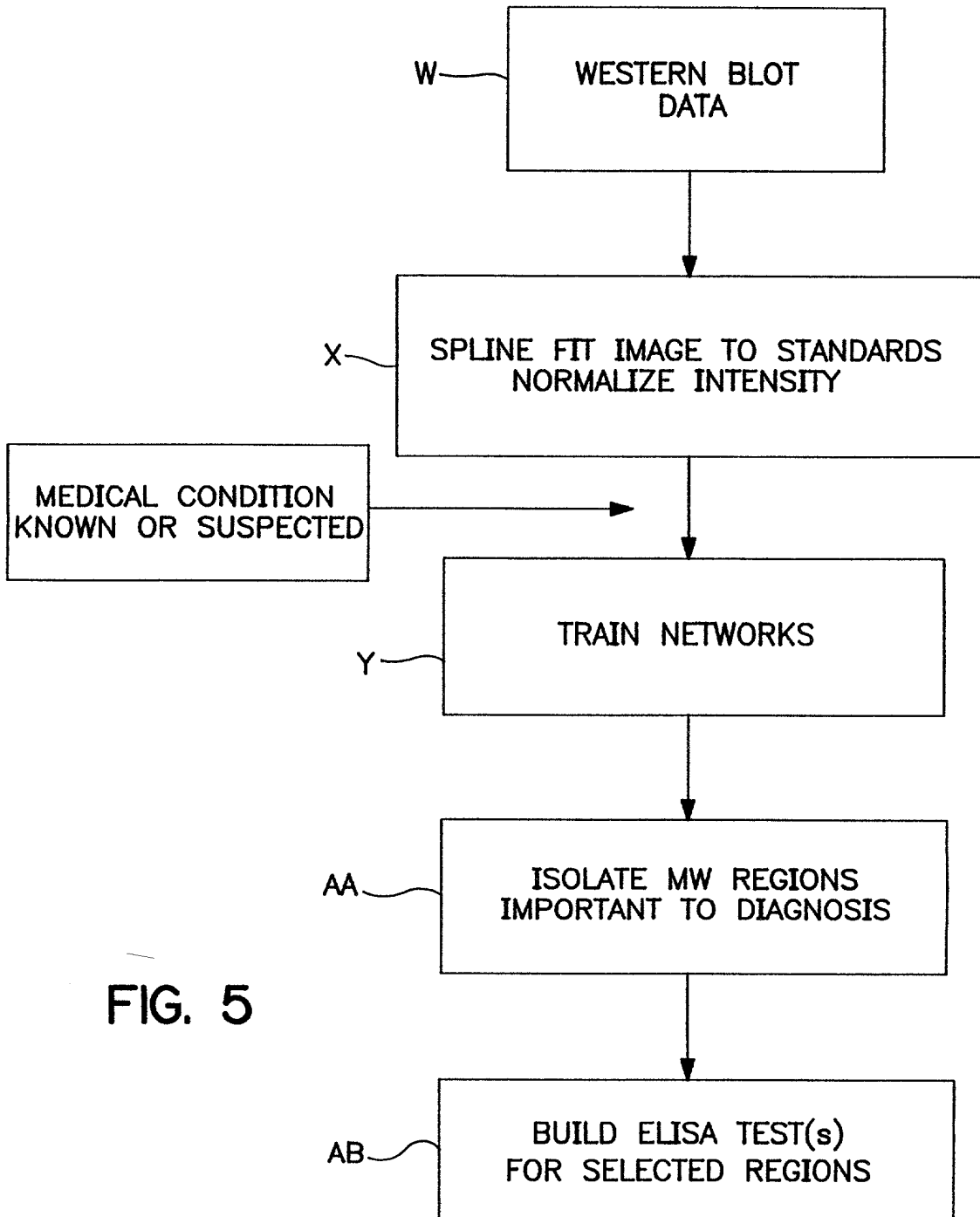


FIG. 5

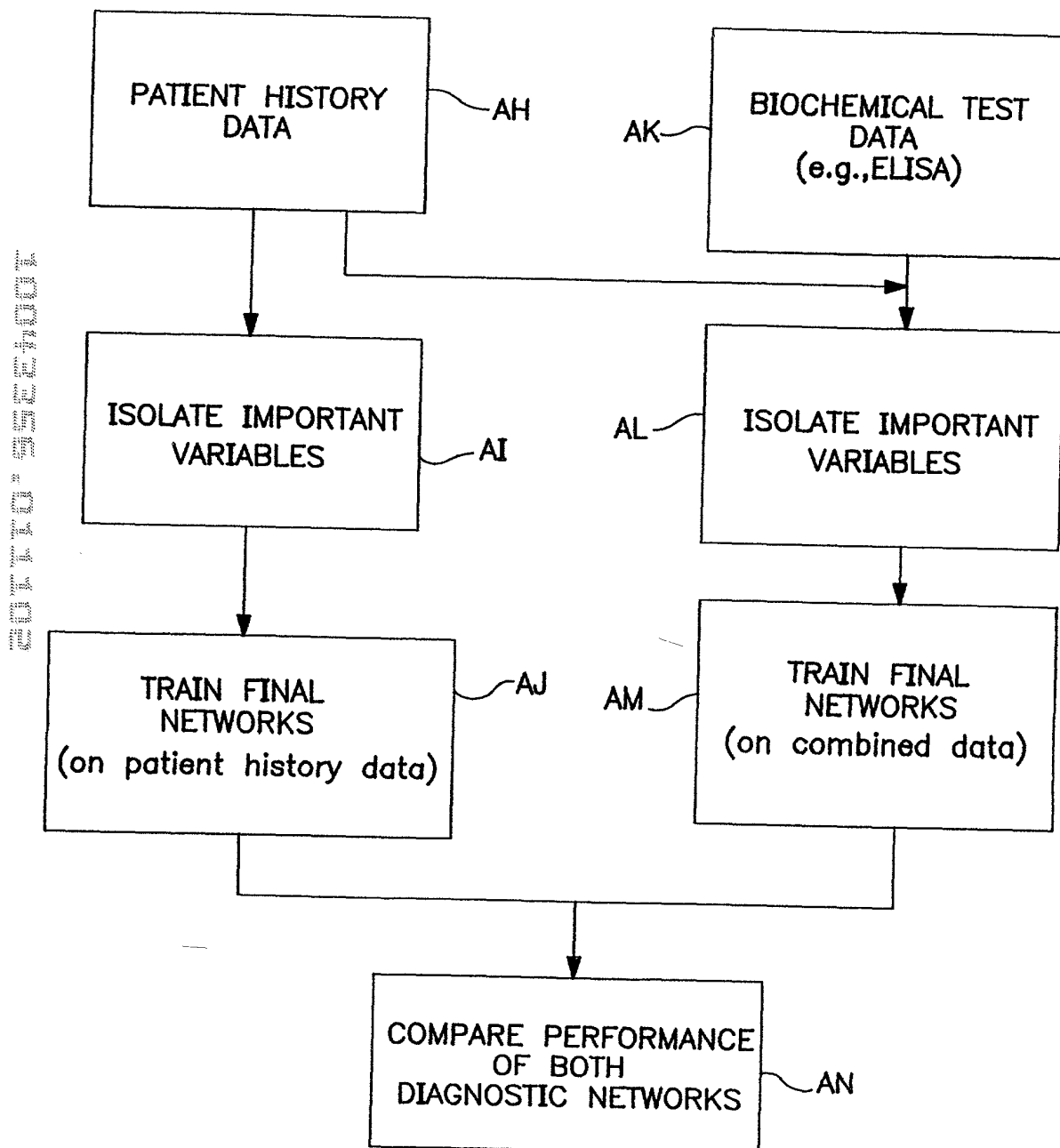


FIG. 6

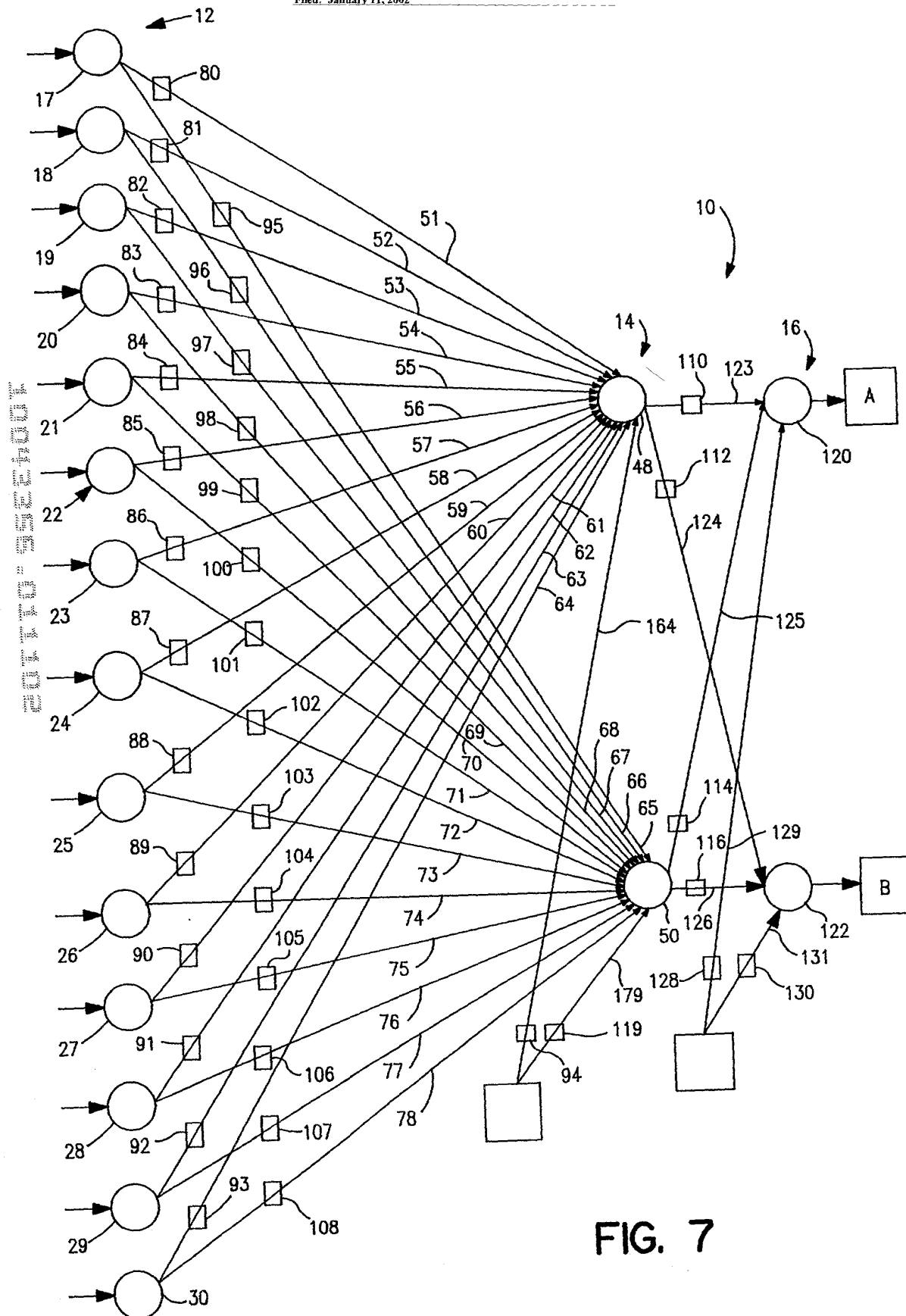


FIG. 7

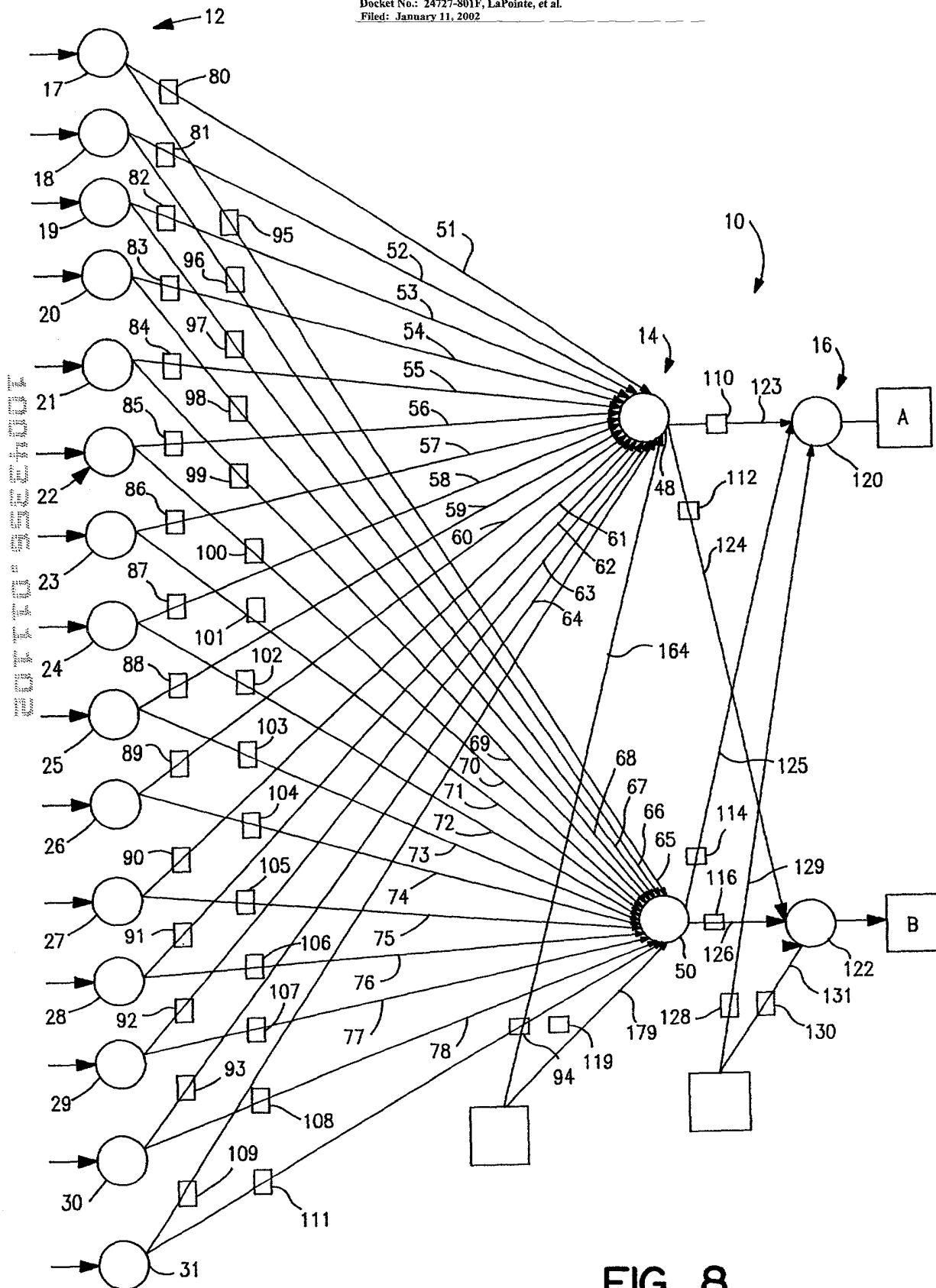


FIG. 8

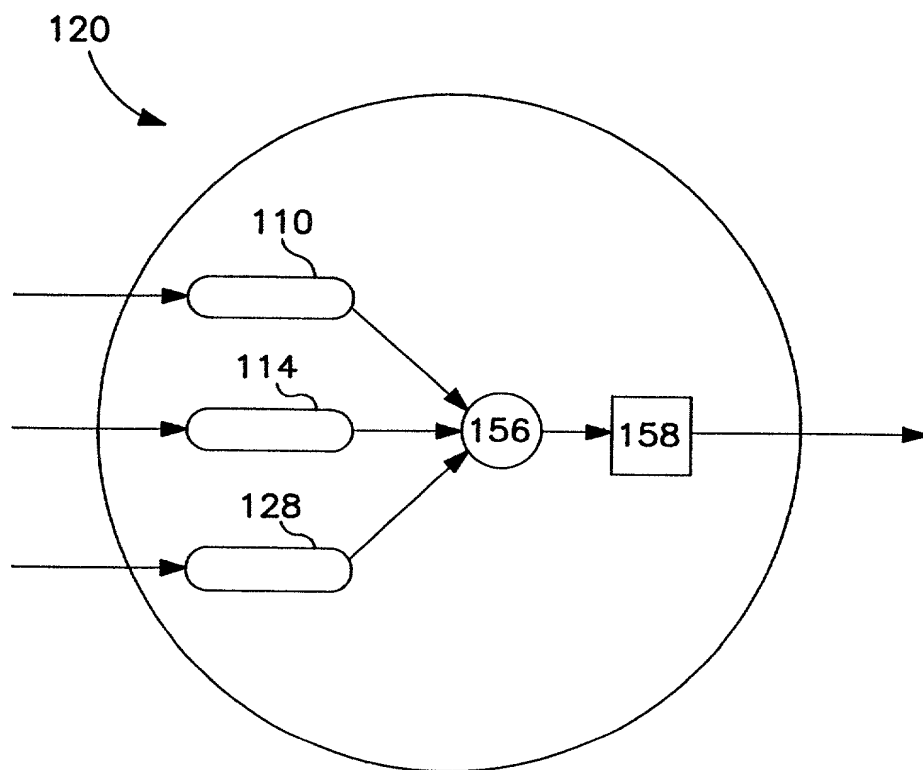


FIG. 9

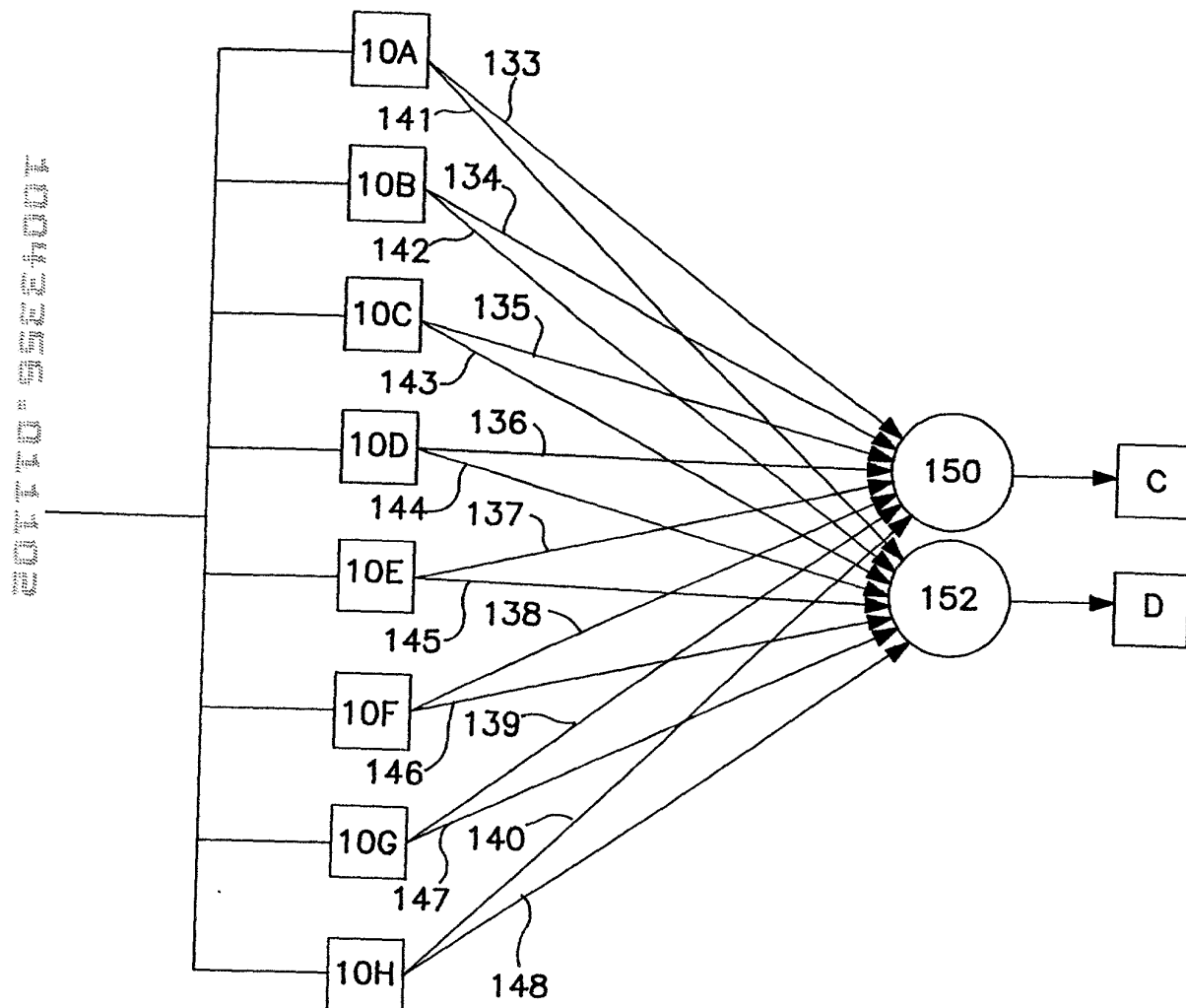


FIG. 10

▼ / ▲

1100

INPUT PARAMETERS

AGE TEXT1 1101

NUM PREG. TEXT5 1102

NUM BIRTHS TEXT6 1103

NUM ABORT. TEXT7 1104

PACKS/DAY TEXT3 1105

ELISA TEST TEXT9 1106

☐ 1107 PAST HIST OF ENDO

☐ 1108 DYSPMENORRHEA

☐ 1109 PREG HTN

☐ 1110 PELVIC PAIN

☐ 1111 ABNORMAL PAP/DYSPLASIA

☐ 1112 HX AT PELVIC SURGERY

☐ 1113 MEDICATION HISTORY

☐ 1114 GENITAL WARTS

☐ 1115 DIABETES

NETWORK OUTPUTS

ENDO TEXT2 1118

NO ENDO TEXT4 1119

SCORE TEXT8 1120

CLOSE

RESET INPUTS

FIG. 11

☐ PTDinp Windows Application-PTDin

File

Record

Options

View

Help

File

Record

Options

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FIG. 12

20110101 09:22:00

Pre-Term Delivery Risk Assessment Software: Data Entry Screen ✖	
Lab ID # <input style="width: 100px;" type="text"/>	
PATIENT INFORMATION	
Name(last) <input style="width: 80px;" type="text"/> First <input style="width: 80px;" type="text"/> M <input style="width: 40px;" type="text"/> DOB <input style="width: 100px;" type="text"/> mm/dd/yy	Ethnic origin: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced/Seperated <input type="checkbox"/> Widowed <input type="checkbox"/> Living with partner <input type="checkbox"/> Other
PATIENT HISTORY AND CLINICAL INFORMATION	
At the time of sampling, was the patient experiencing signs and symptoms of possible preterm labor? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please mark all that apply.	
<input type="checkbox"/> Uterine contractions with or without pain Number/hr. <input type="checkbox"/> <1 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-9 <input type="checkbox"/> 10-12 <input type="checkbox"/> >12 <input type="checkbox"/> Vaginal bleeding <input type="checkbox"/> Trace <input type="checkbox"/> Med. <input type="checkbox"/> Gross <input type="checkbox"/> Patient is not "feeling right"	<input type="checkbox"/> Bleeding during the second or third trimester <input type="checkbox"/> Intermittent lower abdominal pain, dull, lowback pain, pelvic pressure <input type="checkbox"/> Change in vaginal discharge—amount, color, or consistency <input type="checkbox"/> Menstrual—like cramping (with or without diarrhea)
Gestational Age: EGA by first trimester sono <input style="width: 40px;" type="text"/> ww.d EGA by LMP <input style="width: 40px;" type="text"/> ww.d EGA at sampling <input style="width: 40px;" type="text"/> ww.d	
Previous Pregnancy: Please mark all that apply: <input type="checkbox"/> Previous pregnancy: no complications <input type="checkbox"/> History of Preterm delivery If Yes, how many? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2 <input type="checkbox"/> History of Preterm PROM <input type="checkbox"/> History of incompetent cervix <input type="checkbox"/> History of PIH/preeclampsia <input type="checkbox"/> History of SAB prior to 20 wks.	Current Pregnancy: G: <input style="width: 40px;" type="text"/> P: <input style="width: 40px;" type="text"/> A: <input style="width: 40px;" type="text"/> <input type="checkbox"/> Multiple Gestation <input type="checkbox"/> Twins <input type="checkbox"/> Triplets <input type="checkbox"/> Quads <input type="checkbox"/> Uterine or cervical abnormality <input type="checkbox"/> Cerclage <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Hypertensive Disorders
Cervical Status immediately following sample collection: Dilatation(cm) <input type="checkbox"/> <1 <input type="checkbox"/> 1 <input type="checkbox"/> 1-2 <input type="checkbox"/> 2 <input type="checkbox"/> 2-3 <input type="checkbox"/> 3 <input type="checkbox"/> >3 <input type="checkbox"/> Unk. Cervical consistency <input type="checkbox"/> Firm <input type="checkbox"/> Mod <input type="checkbox"/> Soft	
Medications at Time of Test (check all that apply) <input type="checkbox"/> Antibiotics <input type="checkbox"/> Corticosteroids <input type="checkbox"/> Tocolysis <input type="checkbox"/> Insulin <input type="checkbox"/> Antihypertensives <input type="checkbox"/> None <input type="checkbox"/> Unknown	
Qualitative fFN Elisa Test Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	
<div style="display: inline-block; border: 1px solid black; padding: 5px 20px; margin-right: 20px;">Calculate risk</div> <div style="display: inline-block; border: 1px solid black; padding: 5px 20px;">Cancel</div>	

FIG. 13

FIG. 14

FIG. 15

Pre-Term Delivery Risk Assessment Software:
 Test Report Form

Lab ID #	
Patient Name:	
Pre-term Delivery Risk <34.6wks:	0.288432
Pre-term delivery Risk <7 days:	0.001721
Pre-term Delivery Risk <14 days:	0.001544

FIG. 16A

2002-01-11 09:54:00

Pre-Term Delivery Risk Assessment Software: Data Entry Screen		Lab ID # ✖						
PATIENT INFORMATION								
Name(last) First M DOB mm/dd/yy	Ethnic origin: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced/Seperated <input type="checkbox"/> Widowed <input type="checkbox"/> Living with partner <input type="checkbox"/> Other							
PATIENT HISTORY AND CLINICAL INFORMATION								
At the time of sampling, was the patient experiencing signs and symptoms of possible preterm labor? <input type="checkbox"/>YES <input type="checkbox"/>NO If yes, please mark all that apply. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Uterine contractions with or without pain Number/hr. <input type="checkbox"/> <1 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-9 <input type="checkbox"/> 10-12 <input type="checkbox"/> >12 </div> <div style="width: 45%;"> <input type="checkbox"/> Bleeding during the second or third trimester <input type="checkbox"/> Intermittent lower abdominal pain, dull, low backpain, pelvic pressure <input type="checkbox"/> Vaginal bleeding <input type="checkbox"/> Trace <input type="checkbox"/> Med. <input type="checkbox"/> Gross <input type="checkbox"/> Patient is not feeling right </div> <div style="width: 45%;"> <input type="checkbox"/> Change in vaginal discharge—amount, color, or consistency <input type="checkbox"/> Menstrual—like cramping (with or without diarrhea) </div> </div>								
Gestational Age: EGA by first trimester sono ww.d EGA by LMP ww.d EGA at sampling ww.d								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> Previous Pregnancy: Please mark all that apply. </td> <td style="width: 50%; padding: 2px;"> Current Pregnancy: G: P: A: </td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Previous pregnancy: no complications <input type="checkbox"/> History of Preterm delivery If Yes, how many? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2 <input type="checkbox"/> History of Preterm PROM <input type="checkbox"/> History of incompetent cervix <input type="checkbox"/> History of PIH/preeclampsia <input type="checkbox"/> History of SAB prior to 20 wks. </td> <td style="padding: 5px;"> <input type="checkbox"/> Multiple Gestation <input type="checkbox"/> Twins <input type="checkbox"/> Triplets <input type="checkbox"/> Quads <input type="checkbox"/> Uterine or cervical abnormality <input type="checkbox"/> Cerclage <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Hypertensive Disorders </td> </tr> </table>			Previous Pregnancy: Please mark all that apply.	Current Pregnancy: G: P: A:	<input type="checkbox"/> Previous pregnancy: no complications <input type="checkbox"/> History of Preterm delivery If Yes, how many? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2 <input type="checkbox"/> History of Preterm PROM <input type="checkbox"/> History of incompetent cervix <input type="checkbox"/> History of PIH/preeclampsia <input type="checkbox"/> History of SAB prior to 20 wks.	<input type="checkbox"/> Multiple Gestation <input type="checkbox"/> Twins <input type="checkbox"/> Triplets <input type="checkbox"/> Quads <input type="checkbox"/> Uterine or cervical abnormality <input type="checkbox"/> Cerclage <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Hypertensive Disorders		
Previous Pregnancy: Please mark all that apply.	Current Pregnancy: G: P: A:							
<input type="checkbox"/> Previous pregnancy: no complications <input type="checkbox"/> History of Preterm delivery If Yes, how many? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2 <input type="checkbox"/> History of Preterm PROM <input type="checkbox"/> History of incompetent cervix <input type="checkbox"/> History of PIH/preeclampsia <input type="checkbox"/> History of SAB prior to 20 wks.	<input type="checkbox"/> Multiple Gestation <input type="checkbox"/> Twins <input type="checkbox"/> Triplets <input type="checkbox"/> Quads <input type="checkbox"/> Uterine or cervical abnormality <input type="checkbox"/> Cerclage <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Hypertensive Disorders							
Cervical status immediately following sample collection: <input type="checkbox"/> Firm <input type="checkbox"/> Soft Dilatation(cm) <input type="checkbox"/> <1 <input type="checkbox"/> 1 <input type="checkbox"/> 1-2 <input type="checkbox"/> 2 <input type="checkbox"/> 2-3 <input type="checkbox"/> 3 <input type="checkbox"/> >3 <input type="checkbox"/> Unknown Cervical consistency <input type="checkbox"/> Mod <input type="checkbox"/> Soft								
Medications at Time of Test (check all that apply) <input type="checkbox"/> Antibiotics <input type="checkbox"/> Corticosteroids <input type="checkbox"/> Tocolysis <input type="checkbox"/> Insulin <input type="checkbox"/> Antihypertensives <input type="checkbox"/> None <input type="checkbox"/> Unknown								
Qualitative fFN Elisa Test Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative								
<table style="width: 100%;"> <tr> <td style="width: 40%;">Pre-term Delivery Risk <34.6wks:</td> <td>0.288432</td> </tr> <tr> <td>Pre-term Delivery Risk <7 days:</td> <td>0.001721</td> </tr> <tr> <td>Pre-term Delivery Risk <14 days:</td> <td>0.001544</td> </tr> </table>			Pre-term Delivery Risk <34.6wks:	0.288432	Pre-term Delivery Risk <7 days:	0.001721	Pre-term Delivery Risk <14 days:	0.001544
Pre-term Delivery Risk <34.6wks:	0.288432							
Pre-term Delivery Risk <7 days:	0.001721							
Pre-term Delivery Risk <14 days:	0.001544							

FIG. 16B

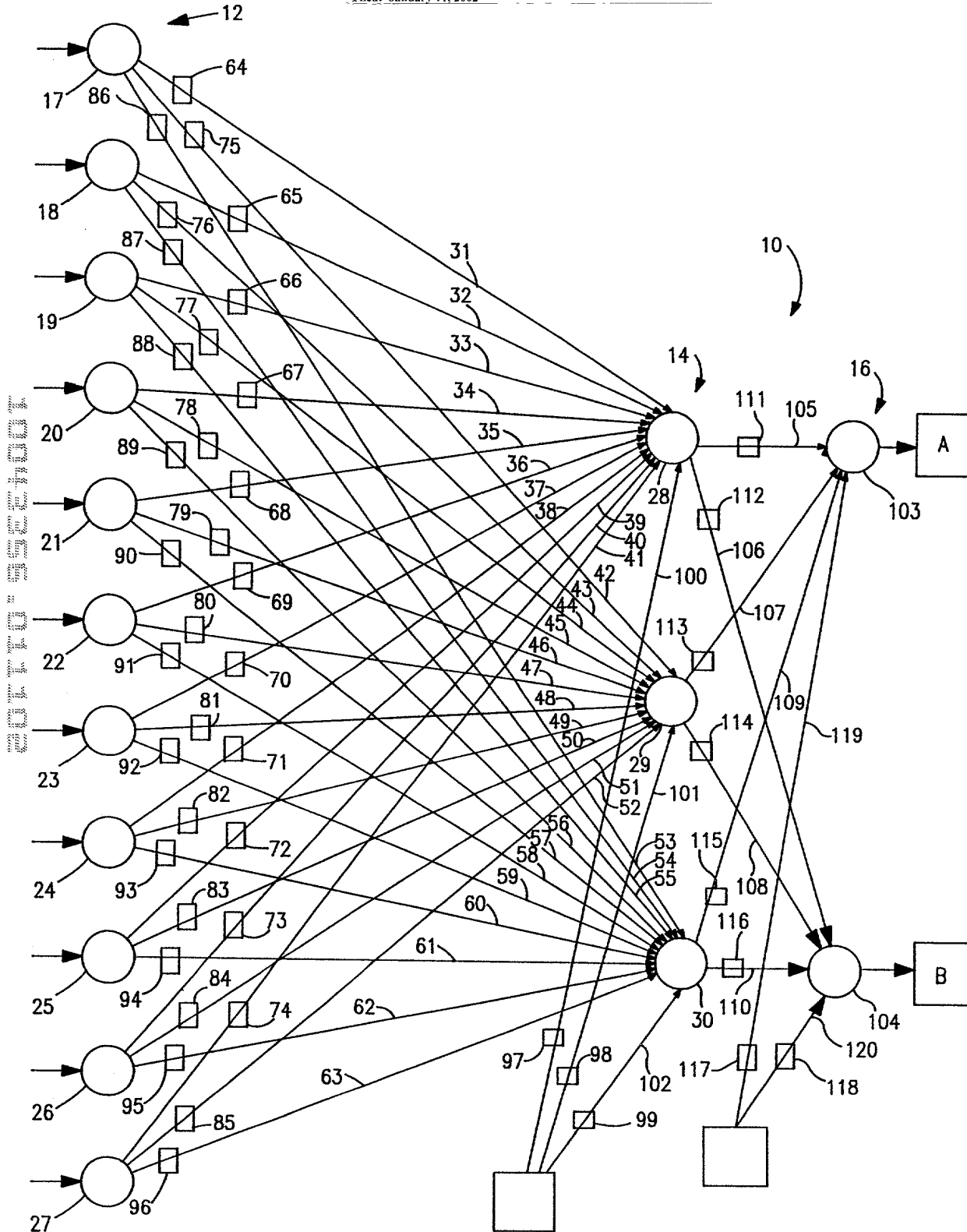


FIG. 17

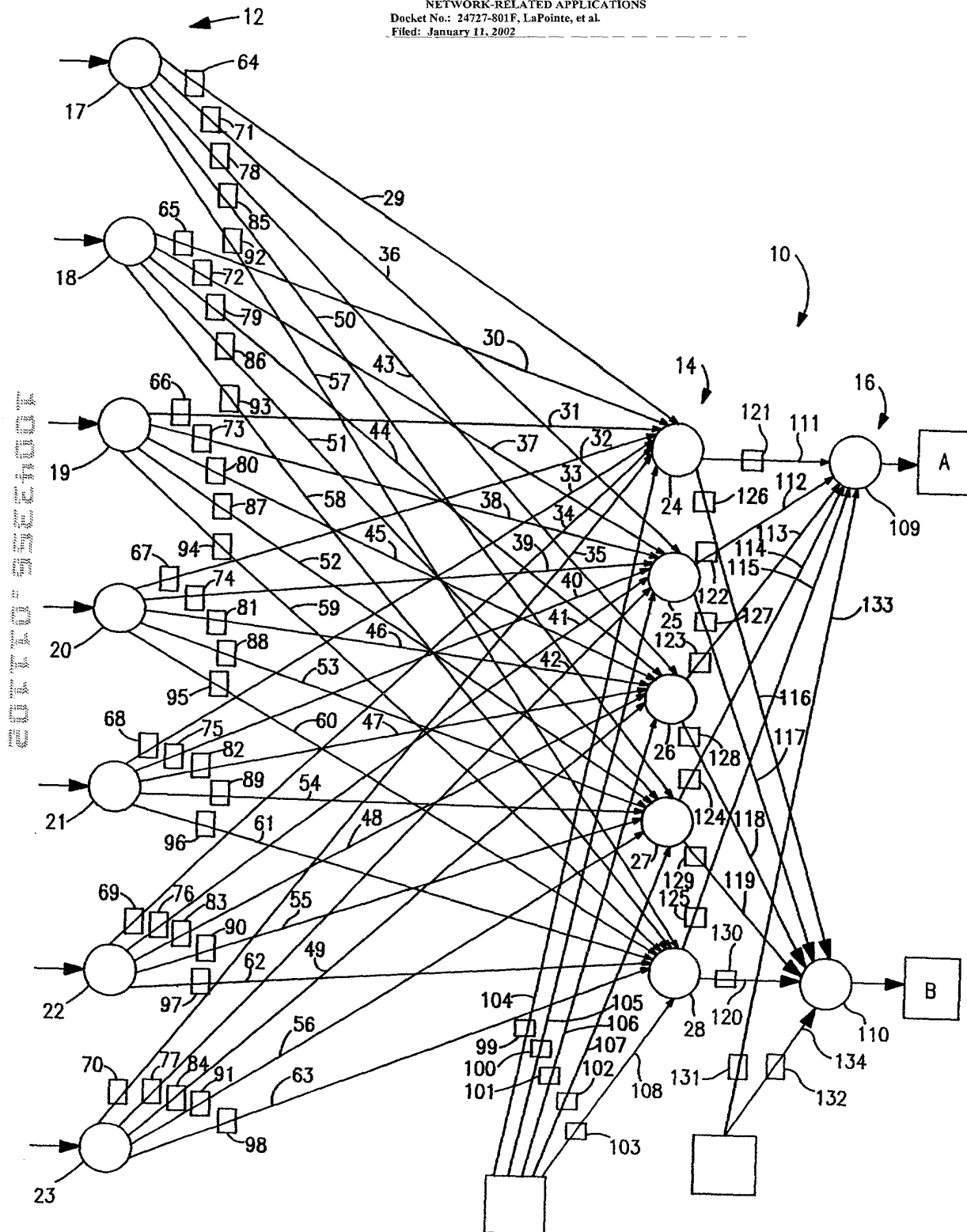


FIG. 18